

DHS Extract Information			
Field Name	Description	Type & Length	Comments
PATIENTID	Unique identifier for the member.	VARCHAR2(12)	
PATIENTDOB	The date of birth for the member.	DATE Format = CCYYMMDD	
PATIENTGENDER	Indicates the sex of the member. Valid Values: U - Unknown M - Male F - Female	VARCHAR2(1)	
PRODUCT	Valid Values: FFS - Fee for Service HMO - HMO	VARCHAR2(3)	Values sent in this field are "FFS - Fee for Service" or "HMO".
LINEOFBUSINESS	BENEFIT_PLAN: Identifies the medical assistance program that is supported in the system. ASSIGNMENT_PLAN: Identifies the medical assistance program that is supported in the system.	BENEFIT_PLAN: VARCHAR2(5) or ASSIGNMENT_PLAN: VARCHAR2(5)	Note: Fee for Service claims will have a benefit plan and HMO encounters will have assignment plan associated to them.
CLAIMID	Number assigned to a claim processed in the system; used for control purposes.	VARCHAR2(17)	
CLAIMTYPE	Code that specifies the type of claim record.	VARCHAR2(1)	
FINANCIALPAYER	An optional business code value used to identify the payer. TXIX - Title 19; WCDP - WI Chronic Disease Program	VARCHAR2(4)	Data for two financial payers will be included TXIX, WCDP.
PRESCRIPTIONNUMBER	Number assigned by a pharmacy to identify the drug dispensed to a member.	VARCHAR2(12)	

NDC	National Drug Code is comprised of a 5 byte numeric labeler code, 4 byte numeric product code and a 2 byte numeric package code. Used to uniquely identify a drug, its labeler & package size of a product for pricing and service/prior authorization.	VARCHAR2(11)	
LABELNAME	The Label Name contains a combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.	VARCHAR2(40)	
DRUGSTRENGTH	The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.	VARCHAR2(60)	
DISPENSEDDATE	Date on which services were first performed for a recipient.	DATE Format = CCYYMMDD	
QTYDISPENSED	The number of units of a drug dispensed to a recipient.	NUMBER(10,3)	
CLAIMSTATUS	Indicates the status of a claim in the system. Claim Status Code Values: 'P' - Paid, 'D' - Denied.	VARCHAR2(1)	Claim Status Code Values: 'P' - Paid, 'D' - Denied.

REFILLINDICATOR	This is the refill number for the prescribed drug. This is not the available number of refills. The first time the prescription is filled, this attribute will be 0. The second time is filled - the first refill - this attribute will be 1, and so on.	VARCHAR2(2)	If the prescription is filled for the first time, then this attribute will be zero. The second time it will be one and so on. Note: DHS does not edit on this field; just checks if it is a valid number from 0 - 99. This field contains the information submitted by the provider.
DIAGNOSISCODE	The first (Primary) diagnosis code that was keyed on the claim.	VARCHAR2(7)	DHS uses standard national code set.
PAIDAMT	Amount sent to a provider for payment of services rendered to a member.	NUMBER(10,2)	
TOTALCHARGEAMT	Amount requested by provider for services rendered. For Pharmacy, the amount billed by the provider for services rendered is the lesser of the Gross Amount Due (GAD) and User and Customary amounts.	NUMBER(10,2)	
PAIDDATE	This date represents CHECK ISSUE date that corresponds with the first financial cycle run for Payers that finalize the claim on that cycle.	DATE Format = CCYYMMDD	
ALLOWEDAMT	Amount approved to pay for services provided to a recipient.	NUMBER(10, 2)	
PHARMACYID	Provider ID value	VARCHAR2(15)	
PHARMACYNAME	This is the name associated with an organization or person.	VARCHAR2(50)	